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Staff Confirmation of Receipt  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities
- ❖ Defining inappropriate behaviors related to sexual abuse and misconduct
- ❖ Recognizing signs and symptoms of potential sexual abuse and assault in juveniles under their care
- ❖ Recognizing red flags for sexual misconduct
- ❖ Reporting procedures and legal implications of sexual abuse and misconduct of youth in custody

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA I will seek guidance from my supervisor.

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Staff Signature

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Date

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Staff Name (printed)

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Training ID/Personnel Number

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Location

C: Employee Personnel File